

COMMON TERMINOLOGY
Developed by the Terminology Task Force
Acute Care Section – APTA (1999)

January 1999

In the fall of 1993, the Terminology Task Force of the Acute Care Section of the APTA was charged with compiling consensus definitions of terms commonly used in the acute care arena. The following is the latest revision of this document.

The Task Force has tried to compile those terms that are most frequently used and, therefore, require standardization within Physical Therapy and across disciplines. This document uses terminology and definitions consistent with The Guide to Physical Therapy Practice, and will be updated to match any future Guide revisions.

This document has been compiled by numerous task force members over the last six years and field tested by more than 100 hospitals. Feedback has been received and utilized from more than 200 academicians and practicing therapists across the country since the first phase was distributed at CSM 1995.

This is not yet an all inclusive document. In order to make this a truly working and functional document, we ask that you provide us with your feedback. A questionnaire is included at the back for this purpose.

Karen R Murdock, PT
Task Force Chair

Mary Sinnott, PT
President
Acute Care Section

**Common Terminology Phase III
Working Document - January 1999**

Activities of daily living (ADL)¹

The self-care, communication, and mobility skills required for independence in everyday living.

Agraphia

Inability to express one's thought in writing

Airway clearance techniques¹

A broad group of activities used to manage or prevent consequences of acute and chronic lung diseases and impairment, including those associated with surgery

Alexia

Inability to understand written language

Aphasia

The loss of ability to communicate orally, through signs, or in writing or the inability to understand such communications; the loss of language usage ability

Apraxia

A disorder of learned movement unexplained by deficits in strength, coordination, sensation or comprehension

Assessment¹

The measurement or quantification of a variable or the placement of a value on something. Assessment should not be confused with *examination* or *evaluation*.

Assistance – Levels of³

Complete independence (FIM 7) – all of the tasks described as making up the activity are typically performed safely, without modification, assistive devices, or aids, and within reasonable time

Modified independence (FIM 6) – one or more of the following may be true: the activity requires an assistive device; the activity takes more than reasonable time, or there are safety (risk) considerations

Supervision or setup (FIM 5) – subject requires no more help than standby, curing or coaxing, without physical contact, or, helper sets up needed items or applies orthoses

Minimal contact assistance (FIM 4) – subject requires no more help than touching, and expends 75% or more of the effort

Contact guard: variation of minimal assist where subject requires contact to maintain balance or dynamic stability

Moderate assistance (FIM 3) – subject requires more help than touching, or expends half (50%) or more (up to 75%) of the effort

Maximal assistance (FIM 2) - subject expends less than 50% of the effort, but at least 25%

Total assistance (FIM 1) – subject expends less than 25% of the effort

Astereognosis

The inability to recognize or characterize objects by touch

Ataxia

A disorder in which muscle fail to move in a coordinated fashion

Athetotic

Describing an impaired movement often marked by slow, writhing movements of the hands

Auscultation¹

The act of listening to internal body sounds (eg. heart, lungs).

Balance¹

The ability to maintain the body in equilibrium with gravity both statically and dynamically

Cardiovascular pump¹

Structures responsible for maintaining cardiac output, including the cardiac muscle, valves, arterial smooth muscle, and venous smooth muscle

Cardiovascular pump dysfunction¹

Abnormalities of the cardiac muscles, valves, conduction, or circulation that interrupt or interfere with cardiac output or circulation

Cognition¹

The act or process of knowing, including both awareness and judgment.

Compensation⁴

The ability of an individual with disabilities to perform a task either using the impaired limb with an adapted approach or using the unaffected limb to perform the task; an approach to rehabilitation in which the patient is taught to adapt to and offset residual disabilities

Contracture

A condition of fixed, high resistance to passive stretching that results from fibrosis and shortening of tissues that support muscles or joints

Cyanosis

A bluish or purplish discoloration of the skin due to a severe oxygen deficiency

Debridement¹

Excision of contused and necrotic tissue from the surface of a wound

Autolytic – self-debridement, through the action of enzymes in the tissue

Sharp – debridement using a sharp instrument

Deficit¹

A lack or deficiency

Disability¹

The inability to engage in age-specific, gender specific, or sex-specific roles in a particular social context and physical environment

Discharge¹

The process of discontinuing interventions included in a single episode of care, occurring when the anticipated goals and desired outcomes have been met.

Dysarthria

A motor disorder that results in difficulty in motor speech mechanisms

Dysphagia

Difficulty swallowing

Dyspnea

Shortness of breath; subjective difficulty or distress in breathing frequently manifested by rapid, shallow breaths; usually associated with serious disease of the heart or lungs

Edema

An accumulation of fluid, often occurring as part of the inflammatory process after trauma

Episode of care¹

All patient/client management activities provided, directed, or supervised by the physical therapist, from initial contact through discharge

Erythematous

Describing an abnormal redness of the skin

Evaluation¹

A dynamic process in which the physical therapist makes clinical judgments based on data gathered during the examination

Examination¹

The process of obtaining a history, performing relevant systems reviews, and selecting and administering specific tests and measures.

Exudation

The process of expression of material through a wound, usually characterized as oozing

Fremitus

A sensation felt when placing a hand on a body part that vibrates during speech or deep breathing

Function¹

Those activities identified by an individual as essential to support physical, social, and psychological well-being and to create a personal sense of meaningful living.

Functional limitation¹

Restriction of the ability to perform a physical action, activity or task in an efficient, typically expected, efficient, or competent manner. (at the level of the whole person)

Gait

The manner in which a person walks, characterized by rhythm, cadence, step, stride and speed

Gait patterns

Two point gait – assistive device and contralateral lower extremity advance and meet the floor simultaneously

Three point gait – assistive devices and one weightbearing lower extremity maintain contact with the floor

Four point gait – in sequential order of contact: the left crutch is advanced, followed by the right lower extremity, then the right crutch is advanced prior to the left lower extremity

Swing to gait – a pattern in which both crutches (or other assistive device) are advanced, and then bilateral lower extremities advance parallel to the plane of the assistive device

Swing through gait – a pattern in which both crutches (or other assistive device) are advanced, and bilateral lower extremities advance, anterior to the placement of the device

Tandem walk – a heel-to-toe pattern in which the heel is placed in front of the toe of the opposite extremity; pattern is repeated with each lower extremity

Braiding/grapevining – gait pattern in which the left lower extremity (LLE) is adducted anterior to the right lower extremity (RLE), the RLE is abducted, then the LLE is adducted posterior to the RLE, and the RLE is abducted to complete the sequence. Sequence may be repeated with the RLE initiating

Goal

Those statement(s) that define the patient's expected level of performance at the end of the rehabilitation process; the functional outcomes of therapy, indicating the amount of independence, supervision, or assistance required and the equipment or environmental adaptation necessary to ensure adequate performance. Desired outcomes may be stated as long-term or short-term as determined by the needs of the patient and the setting

Goniometry¹

Measurement of the angle of a joint or a series of joints

Handicap

As defined by WHO, the disadvantage resulting from an impairment or disability, that limits or prevents fulfillment of a role that is normal, depending on age, sex and social/cultural factors.

Handicap describes the social and economic roles of impaired or disabled persons that place them at a disadvantage when compared with others (eg. inability to use public transportation, inability to work, social isolation)

Health status

The level of an individual's physical, mental, affective, and social function; health status is an element of well-being

Hemianopsia

Loss of vision for one-half of the visual field of one or both eyes

Homonymous hemianopsia

Defective vision or blindness affecting the right or left halves of the visual fields of both eyes

Impairment¹

Loss or abnormality of physiological, psychological or anatomical structure or function

Instrumental activities of daily living (IADL)¹

Activities that are important components of maintaining independent living (eg. shopping, cooking)

Intervention¹

The purposeful and skilled interaction of the physical therapists with the patient/client, and, when appropriate, with other individuals involved in care, using various methods and techniques to produce changes in the condition.

Joint integrity

The conformance of the joints to expect anatomic, biomechanic, and kinematic norms

Joint mobility

The ability to move a joint; takes into account the structure and shape of the joint surface as well as characteristics of tissue surrounding the joint

Kinesthesia

The awareness of the body's or a body part's movement

Motor function

The ability to learn or demonstrate the skillful and efficient assumption, maintenance, modification, and control of voluntary postures and movement patterns

Fine – refers to relatively delicate movements such as using a fork, tying a shoelace, etc.

Gross – refers to larger-scale movements such as assuming an upright position, carrying a bag

Muscle tone

The velocity-dependent resistance to stretch that muscle exhibits¹

Flaccidity – total loss of muscle tension or responsiveness to stimulation

Hypotonia – reduced muscular tension with a slowed response to stimulation

Hypertonia – increased muscular tension resulting in resistance to movement, with increased speed and effort of movement

Mild – a slight resistance to movement, with full ROM when movement is performed slowly (not apparent at rest)

Moderate – a resistance to movement with limitation in the variety and smoothness or response to stimulation that is affected by positioning and the speed of movement

Severe – observed posturing at rest, with limitation in the ROM and resistance to movement regardless of the position or speed of stimulation

Objective

A measurable behavioral statement of an expected response or outcome; something worked toward or striven for; a statement of direction or desired achievement that guides actions and activities

Orthostatic hypotension

Lowering of systolic blood pressure >10 mm Hg with a change of body position from supine to erect, which may or may not be accompanied by clinical signs

Outcomes¹

Outcomes are the results of patient/client management. They relate to remediation of functional limitation and disability, primary or secondary prevention, and optimization of patient/client satisfaction

Outcomes analysis¹

A systematic examination of patient/client outcomes in relation to selected patient/client variables; outcomes analysis may be used in quality assessment, economic analysis or practice, and other processes.

Oxygen saturation¹

The degree to which oxygen is present in a particular cell, tissue, organ or system

Palpation¹

Examination using the hands

Percussion(diagnostic)¹

A procedure in which the clinician taps a body part manually or with an instrument to estimate its density

Perseveration

Involuntary and pathologic persistence of the same verbal response or motor activity regardless of the stimulus or its duration

Physical function¹

Fundamental component of health status describing the state of those sensory and motor skills necessary for mobility, work and recreation

Plan of care¹

Statements that specify the anticipated long-term and short-term goals and the desired outcomes, predicted level of optimal improvement, specific interventions to be used, duration and frequency of the intervention required to reach the goals and outcomes, and criteria for discharge

Pulmonary postural drainage¹

Placing the body in a position that uses gravity to drain fluid from the lungs

Prevention¹

Primary – Preventing disease in a susceptible or potentially susceptible population through specific measures such as general health promotion efforts

Secondary – Decreasing duration of illness, severity of disease and sequelae through early diagnosis and prompt intervention

Tertiary – Limiting the degree of disability and promoting rehabilitation and restoration of function in patients with chronic and irreversible diseases.

Prognosis¹

The determination of the level of optimal improvement that might be attained by the patient/client and the amount of time needed to reach that level

Proprioception¹

The reception of stimuli from within the body; includes position sense and kinesthesia

Range of motion

The space, distance, or angle through which movement occurs at a joint or a series of joints¹

Passive (PROM) – 100% therapist/assistant-performed movement through the available excursion of the joint or body segment

Active (AROM) – 100% self-performed movement through the available excursion of the joint or body segment

Active Assistive (AAROM) – partial self-performed movement with external assistance provided to complete the desired available excursion of the joint or body segment

Rehabilitation types⁴

Acute – term used by some sources to denote intense rehabilitation in an inpatient rehabilitation facility or designated unit

Comprehensive – rehabilitation involving a full array of rehabilitation services and disciplines

Intense – generally interpreted to mean rehabilitation involving 3 or more hours of acute physical, occupational, psychological, or speech and language therapy per day, 5 or more days per week

Rehabilitation hospital – a free standing hospital that is organized and staffed to provide intense and comprehensive inpatient rehabilitation

Rehabilitation unit – a distinct part of an acute care hospital or skilled nursing facility that is organized and staffed to provide intense and comprehensive inpatient rehabilitation

Subacute Care⁵ – goal-oriented, comprehensive inpatient care designed for an individual who has had an acute illness, injury or exacerbation of a disease process and is rendered immediately after, or instead of, acute hospitalization.

Strengthening

Active – a form of strength-building exercise in which the therapist applies resistance through the range of motion of active movement¹

Assistive – a form of strength-building exercise in which the therapist assists the patient/client through the available range of motion¹

Resistive – any form of active exercise in which a dynamic or static muscular contraction is resisted by an outside force. The external force can be applied manually or mechanically¹

Isometric exercise – active contraction of a muscle or group of muscles against a stable force without joint movement

Isokinetic exercise – active movement performed at an established fixed speed against an accommodating resistance

Systems review

A brief or limited examination that provides additional information about the patient's general health to help the physical therapist formulate a diagnosis and select an intervention program

Transfers/Positions

Dependent transfer – client relies totally on external support for transfer; client exerts no physical assistance in transfer

Sliding board/transfer board – client transfers with assistance of board placed under ischial tuberosities; board bridges two opposing surfaces

Depression transfer – client transfers by depressing scapulae with upper extremity pressure against surface and lifting pelvis laterally or anteroposteriorly

Stand pivot – client transfers by pushing to stand and pivoting weight on one or both lower extremities

Supported sitting – sitting position maintained with external support and/or use of client's upper extremities

Unsupported sitting – sitting position maintained without external support or use of client's upper extremities

Quadruped – position where weightbearing occurs on extended upper extremities and on flexed hips/knees; upper extremities placed at 90° shoulder flexion with 0-10° abduction and full elbow extension, and lower extremities are placed at 90° hip/knee flexion with lower legs resting parallel to floor

Long sitting – sitting with hips at 90° angle and bilateral lower extremities extended fully on a supported surface

Weightbearing status

Non-weightbearing (NWB) – no weight on involved extremity

Toe-touch/Touchdown/Footflat weightbearing (TTWB, TDWB, FFWB) - extremity may rest on floor (is unloaded); negligible weight is placed on extremity. Status used primarily for balance or stability during gait and transfers

Partial weightbearing (PWB) – prescribed, measured percentage of weight is allowed

Weightbearing as tolerated (WBAT) – as much weight as is tolerated within pain limits is allowed

Full weightbearing (FWB) – 100% of body weight, with or without assistive devices, is allowed

Ulcers²

Stage I – nonblanchable erythema of intact skin reversible with intervention

Stage II – tissue loss involving the epidermis and dermis which may present as an abrasion, blister or a shallow crater, wound base moist and pink, painful, free of necrotic tissue

Stage III – damage or actual necrosis of subcutaneous tissue which may extend down to, but not through the fascial layer, may include necrotic tissue, wound base not usually painful

Stage IV – tissue loss extending to the level of bone, muscle, tendon or to a supporting structure, involves necrotic tissue, wound base usually not painful

Ventilatory pump¹

Thoracic skeleton and skeletal muscles and their innervation responsible for ventilation.

Ventilatory pump dysfunction¹

Abnormalities of the thoracic skeleton, respiratory muscles, airways or lungs that interrupt or interfere with the work of breathing or ventilation

References

¹The Guide to Physical Therapist Practice

²Agency for Health Care Policy and Research, National Pressure Ulcer Advisory Panel definitions

³Guide for the Uniform Data Set for Medical Rehabilitation (Adult FIM), Version 4.0 Buffalo, NY 14214: State University of New York at Buffalo; 1993

⁴Agency for Health Care Policy and Research, Clinical Practice Guidelines

⁵Adapted from JCAHO manual

COMMON ABBREVIATIONS

A	assistance	—	
a	before	c	with
ABI	acquired brain injury	c/o	complains of
afib	atrial fibrillation	CA	carcinoma/cancer
A-line	arterial line	CABG	coronary artery bypass graft
A-V	arterio-venous	CAD	coronary artery disease
AAA	abdominal aortic aneurysm	CAT	computerized axial tomography
AAL	anterior axillary line	CF	cystic fibrosis
AAROM	active assistive range of motion	C & DB	cough and deep breathing
Abd	abduction	CHD	congenital hip dislocation
ABG	arterial blood gases	CHF	congestive heart failure
ACL	anterior cruciate ligament	cm	centimeter
Add	adduction	CMV	cytomegalovirus
ADL	activities of daily living	CN	cranial nerve
AFO	ankle foot orthosis	CNS	central nervous system
ALS	amotrophic lateral sclerosis	CO	cardiac output
AMA	against medical advice	COPD	chronic obstructive pulmonary disease
amb	ambulation	CPAP	continuous positive airway pressure
ANS	autonomic nervous system	CPR	cardiopulmonary resuscitation
AP	anterior posterior	CPT	chest physical therapy
ARD	adult respiratory distress	CPM	continuous passive motion
ARDS	adult respiratory distress syndrome	CRF	chronic renal failure
ARF	acute renal failure	CSF	cerebral spinal fluid
AROM	active range of motion	CVA	cerebrovascular accident
ASAP	as soon as possible	CXR	chest x-ray
ASCVD	arteriosclerotic cardiovascular disease		
ASHD	arteriosclerotic heart disease	D/C	discontinue, discharge
AVM	arteriovenous malformation	DIC	disseminated intravascular coagulopathy
AVN	avascular necrosis		
AVR	aortic valve replacement	DIP	distal interphalangeal (joint)
AVS	arteriovenous shunt	DJD	degenerative joint disease
		DM	diabetes mellitus
B	bilateral	DNR	do not resuscitate
BBB	bundle branch block	DOB	date of birth
BBFA	both bone forearm (fracture)	DOE	dyspnea on exertion
BID	twice a day	DSD	dry sterile dressing
BOS	base of support	DTR	deep tendon reflex
BP	blood pressure	DVT	deep venous thrombosis
BPD	bronchopulmonary dysplasia	DX, dx	diagnosis
BPF	bronchopleural fistula		
BR	bedrest		
BS	breath sounds		

ECG, EKG	electrocardiogram	KAFO	knee ankle foot orthosis
ECR	extensor carpi radialis	L	left
ECU	extensor carpi ulnaris	lat	lateral
EEG	electroencephalogram	LBBB	left bundle branch block
ENT	ear, nose and throat	LBP	low back pain
ETT	endotracheal tube	LLC	long leg cast
ES	electrical stimulation	LLE	left lower extremity
Ex	exercise	LLL	left lower lobe(lung)
Ext	extension	LOC	loss of consciousness, level of consciousness
FCR	flexor carpi radialis		
FCU	flexor carpi ulnaris		
FEV ₁	forced expiratory volume – 1 sec	LMN	lower motor neuron
FiO ₂	fraction of inspired oxygen	LOS	length of stay
Flex	flexion	LP	lumbar puncture
FRC	functional residual capacity	LTG	long term goal
FTSG	full thickness skin graft	LTM	long term memory
FVC	forced vital capacity	LUE	left upper extremity
FWB	full weightbearing	LUL	left upper lobe (lung)
Fx	fracture		
		MAP	mean arterial pressure
GCS	Glasgow Coma Scale	max	maximum
GI	gastrointestinal	MCA	motorcycle accident
GSW	gun shot wound	min	minimum
GXT	graded exercise test	mm	muscle
		MMT	manual muscle test
h	hour	mod	moderate
HBP	high blood pressure	MRSA	methicillin resistant staph aureus
Hct	hematocrit	MS	multiple sclerosis
HEENT	head, ears, eyes, nose, throat	MVA	motor vehicle accident
Hemi	hemiplegic		
HEP	home exercise program	n/a	not applicable
HNP	herniated nucleus pulposus	NAD	no acute distress
HOB	head of bed	NG, ng	nasogastric
h/o	history of	NIDDM	non-insulin dependent diabetes
HO	heterotopic ossification	NIF	negative inspiratory force
HR	heart rate	NKA	no known allergies
HTN	hypertension	nl	normal
HWR	hardware removal	nn	nerve
Hx	history	NPO	nothing by mouth
		NTT	nasotracheal tube
I	independent	NWB	non-weight bearing
IABP	intra-aortic balloon pump		
ICBG	iliac crest bone graft	OA	osteoarthritis
ICH	intracranial hemorrhage	OGT	oral gastric tube
IDDM	insulin dependent diabetes mellitus	OOB	out of bed
I/E ratio	inspiratory/expiratory ratio	ORIF	open reduction, internal fixation
ILV	independent lung ventilation	OT	Occupational Therapy
IMV	intermittent mandatory ventilation		
IRDS	infant respiratory distress syndrome		
IS	incentive spirometry		
IV	intravenously		

PC	pressure control	STSG	split thickness skin graft
PCL	posterior cruciate ligament	Sx	symptoms
PCO ₂	partial pressure of carbon dioxide		
PD	postural drainage	TB	tuberculosis
PE	pulmonary embolus	TBI	traumatic brain injury
PEEP	positive end expiratory pressure	TCO	total contact orthosis
PLO	posterior leaf orthosis	TENS	transcutaneous electrical neuromuscular stimulation
PMH	past medical history		
PO	by mouth	TF	tube feeding
POD	post op day	THA	total hip arthroplasty
PRE	progressive resistive exercises	ther ex	therapeutic exercise program
prn	as often as necessary	TIA	transient ischemic attack
PROM	passive range of motion	t i d	three times a day
PS	pressure support	TKA	total knee arthroplasty
PT	Physical Therapy	TKE	terminal knee extension
Pt, pt	patient	TLC	total lung capacity
PTA	prior to admission	TMJ	temporomandibular joint
PTB	patellae tendon bearing	Tx	traction
PVD	peripheral vascular disease	TV	tidal volume
PWB	partial weight bearing		
PWP	pulmonary wedge pressure	UE	upper extremity
		UMN	upper motor neuron
q d	every day	US	ultrasound
q i d	four times a day		
		VC	vital capacity
R	right	vc	verbal cues
RA	rheumatoid arthritis	VO	verbal orders
RBBB	right bundle branch block		
RLE	right lower extremity	W/C	wheelchair
RLL	right lower lobe (lung)	WBAT	weight bearing as tolerated
r/o	rule out	WNL	within normal limits
ROM	range of motion	wt	weight
rr	respiratory rate		
RUE	right upper extremity	y/o	years old
RUL	right upper lobe (lung)		
Rx	treatment		
—	without		
s	supervision		
S	supervision		
SAQ	short arc quads		
SAH	subarachnoid hemorrhage		
SB	spontaneously breathing		
SDH	subdural hematoma		
SIMV	synchronized intermittent mandatory ventilation		
SLB	short leeb brace		
SLC	short leg cast		
SLP	Speech Language Pathology		
SLR	straight leg raises		
SOB	shortness of breath		
STG	short term goal		

Common Terminology Phase III – Feedback Form

1. Do you feel there is a need to standardize terminology within our profession?
2. Do you feel there is a need to standardize terminology within rehabilitation professions?
(OT, SLP, etc.)
3. Would you incorporate the preceding definitions into your departmental usage? How?
4. Are there other terms you believe have been omitted, or need standardization?
5. Are there any terms listed for which you have a better definition?

Tell us about you

Department size (PT/PTAs only) _____

Setting _____

Number of beds _____

Volume (patients/PT(PTA)/day) _____

